



Office of the Commissioner of Insurance

Government of Puerto Rico

STATEMENT BY INSURER

Pursuant to Section 9.090 of the Puerto Rico Insurance Code, I hereby appoint _____ (Name of the Applicant) as Attorney-in-Fact for _____ (Name of the Insurer), subject to the Office of the Commissioner of Insurance granting the respective license to act as such.

We certify that we have carried out an exhaustive investigation of the answers and identity and good character of the applicant. This investigation:

() Does not cause any doubt with regard to the answers.

() Causes doubts with regard to the following _____

We certify that the applicant has resided in Puerto Rico for ____years(s) immediately preceding the date of this application.

In witness whereof I set my hand and official seal of this insurer in the city of _____, Puerto Rico, this _____ day of _____, _____.

Name (print) of the President

Signature of the President

AFFIDAVIT NO. _____

This statement was sworn to and signed before me by _____, a resident of _____, Puerto Rico, of legal age, _____, (____) who I witness is to me personally known, (____) who is not to me personally known, and I have identified by: _____.

In _____, Puerto Rico this ____day of _____, _____.

ATTORNEY-NOTARY PUBLIC